
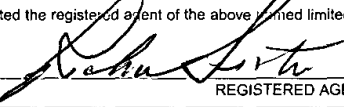


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>L000060000716</b>					
1. Limited Liability Company's Name <b>The JR LLC</b>					
2. Principal Office Address <b>8108 Green Glade Rd</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>P.O. Box 19065</b> Suite, Apt. #, etc.		4. State/Country of Formation <b>FL</b>	
City & State <b>Jacksonville, FL</b>		City & State <b>Jacksonville, FL</b>		5. Date Organized or Qualified To Do Business in Florida	
Zip <b>32256</b>	Country <b>USA</b>	Zip <b>32245</b>	Country <b>USA</b>	6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$3.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name <b>Coleman C. Randolph Esq</b>					
Street Address (P.O. Box Number is Not Acceptable) <b>9250 Boynebrook Rd, Suite 230</b>					
Suite, Apt. #, Etc.					
City <b>Jacksonville, FL 322</b>				State <b>FL</b>	Zip Code <b>32256</b>
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.					
Signature of Registered Agent 				Date <b>11-8-01</b>	
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager		City / State / Zip	
	<b>Msgrm Schuster, Richard</b>	<b>8108 Green Glade Rd</b>		<b>Jax FL 32256</b>	
				000004693970--8	
				-11/26/01--01087--008	
				*****50.00 *****50.00	
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
Signature of Managing Member/Manager _____ Date _____ Daytime Phone # _____					
Typed or printed name of signing Managing Member/Manager _____					

CR2ED041 (9/01)